



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E432844**

| | | |
|-------------------------------------------------|--------------------------------------|---------------------------------------------|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input checked="" type="checkbox"/> | OTHER <input type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input type="checkbox"/> |
| TRIBAL RESERVATION <input type="checkbox"/> | | |

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|---------------------|----------|---------------|
| CASE # | 15-01449 | |
| LOCAL AGENCY CODING | 0664 | |
| TOTAL # OF UNITS | 02 | OBJECT STRUCK |

| | | | | | | | | | | |
|-------------------|----------------|-------------|------|----------|----|-------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|--------|------|
| DATE OF COLLISION | 06 - 11 - 2015 | TIME (2400) | 0754 | COUNTY # | 31 | MILES | N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> | IN <input checked="" type="checkbox"/> | CITY # | 0664 |
|-------------------|----------------|-------------|------|----------|----|-------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|--------|------|

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|---------------------------------------------------|--------------------------------------------------|-------------------------------------------|
| ON (PRIMARY TRAFFIC WAY) <input type="checkbox"/> | INTERSECTION <input checked="" type="checkbox"/> | NON-INTERSECTION <input type="checkbox"/> |
| SR 204 | BLOCK NO. <input checked="" type="checkbox"/> | 1000 |
| MILE POST <input type="checkbox"/> | | |

| | | | |
|----------|-------------------------------------------------------------------------------------------------------------|--------------------------------|----------|
| DISTANCE | MILES | OF (REFERENCE OR CROSS STREET) | 10 ST NE |
| FEET | S <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> | | |

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|---------|---------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------|-------|---------------|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | PHONE | D: 4257896053 |
|---------|---------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------|-------|---------------|

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|-----------|---------|------------|------|----------------|---|
| LAST NAME | LECLAIR | FIRST NAME | RACE | MIDDLE INITIAL | A |
|-----------|---------|------------|------|----------------|---|

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|--------------------|------------------|
| STREET NEW ADDRESS | 11423 60TH ST NE |
|--------------------|------------------|

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|------|--------------|----|----|-----|-----------|
| CITY | LAKE STEVENS | ST | WA | ZIP | 982588730 |
|------|--------------|----|----|-----|-----------|

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| CDL | RESTRICTIONS | ENDORSEMENTS | L |
|-----|--------------|--------------|---|

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|--------------------|--------------|-------|----|-----|---|--------|----------|----|---|----|---|------|
| DRIVER'S LICENSE # | LECLARA051RB | STATE | WA | SEX | M | D.O.B. | MMDDYYYY | 12 | - | 02 | - | 1995 |
|--------------------|--------------|-------|----|-----|---|--------|----------|----|---|----|---|------|

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|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | INJURY CLASS | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|

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|-----------------|---------|-------|----|------|-------------------|
| LICENSE PLATE # | AUT9769 | STATE | WA | VIN# | 3VWBA81E0WM804025 |
|-----------------|---------|-------|----|------|-------------------|

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| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

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|----------------------------------------------------------------------------|------|------|------|-------|-------|-------|----|-----------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------|--|
| VEH. YEAR | 1998 | MAKE | VOLK | MODEL | CABCV | STYLE | CV | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| REGISTERED OWNER INFO. RACE LECLAIR 11423 60TH ST NE LAKE STEVENS WA 98258 | | | | | | | | | | | |

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|-------------------------------------------------------------------|-------------------------|-------------------|-----------------------------------------------------------------------------------|------------|--------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | USAA 00840 10 81C | VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # | CHARGE |
|-------------------------------------------------------------------|-------------------------|-------------------|-----------------------------------------------------------------------------------|------------|--------|



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| UNIT 02 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | PHONE | D: 4252680673 |
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|-----------|---------|------------|---------|----------------|---|
| LAST NAME | BRUSCAS | FIRST NAME | VINCENT | MIDDLE INITIAL | M |
|-----------|---------|------------|---------|----------------|---|

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| STREET NEW ADDRESS | 8722 4TH ST SE |
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|------|--------------|----|----|-----|-----------|
| CITY | LAKE STEVENS | ST | WA | ZIP | 982583381 |
|------|--------------|----|----|-----|-----------|

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|-----|---|--------------|---|--------------|---------|
| CDL | A | RESTRICTIONS | K | ENDORSEMENTS | L, P, T |
|-----|---|--------------|---|--------------|---------|

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|--------------------|--------------|-------|----|-----|---|--------|----------|----|---|----|---|------|
| DRIVER'S LICENSE # | BRUSCVM406LM | STATE | WA | SEX | M | D.O.B. | MMDDYYYY | 06 | - | 14 | - | 1960 |
|--------------------|--------------|-------|----|-----|---|--------|----------|----|---|----|---|------|

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|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | INJURY CLASS | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|

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|-----------------|---------|-------|----|------|-------------------|
| LICENSE PLATE # | PK05586 | STATE | WA | VIN# | 1C6RR7FMXFS580958 |
|-----------------|---------|-------|----|------|-------------------|

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| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

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|-----------------------------------------------------------------------------|------|------|-----|-------|---------|-------|----|-----------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------|--|
| VEH. YEAR | 2015 | MAKE | RAM | MODEL | RAM1500 | STYLE | CW | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| REGISTERED OWNER INFO. VINCENT BRUSCAS 8722 4TH ST SE LAKE STEVENS WA 98258 | | | | | | | | | | | |

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| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | USAA 00246 82 26C | VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # | CHARGE |
|-------------------------------------------------------------------|-------------------------|-------------------|-----------------------------------------------------------------------------------|------------|--------|



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|------------------------|----------------|---------------|-----|--------|-----------|
| OFFICER'S NAME (PRINT) | KERRY BERNHARD | BADGE OR ID # | 120 | AGENCY | WA0311900 |
|------------------------|----------------|---------------|-----|--------|-----------|



1591972

CORRECTION

REPORT NO.

E432844

CASE #

15-01449

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | |
|---------------------------------------|----------------------------------|--------|--|--------------|--|--------|--|--------|--|-------|--------------------|---------------|--|-----------------|--------------------|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | | | | |
| PASSENGER <input type="checkbox"/> | WITNESS <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | NATURE OF INJURIES |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | | | | |
| PASSENGER <input type="checkbox"/> | WITNESS <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | NATURE OF INJURIES |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | | | | |
| PASSENGER <input type="checkbox"/> | WITNESS <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | NATURE OF INJURIES |

NARRATIVE

On 6/11/2015 at approximately 0754 hours, I responded to a report of a collision at the intersection of SR 204 and 10th ST SE in the City of Lake Stevens. The vehicles had been moved from the roadway prior to my arrival. Unit 1 had been traveling northeast on SR 204 following behind Unit 2. SR 204 in the area of the collision is 2 lanes northeast and one lane southwest. There is a curbed barrier at the intersection of 10th ST SE preventing any left turns from either direction.

Both Unit 1 and Unit 2 had been traveling in the outside lane. Unit 2 slowed to navigate making a right turn onto eastbound 10th ST SE. Unit 1 did not observe Unit 2's brakelights nor turn signal. Unit 1 was unable to stop nor could Unit 1 evasively move to the left lane due to normal traffic traveling in that lane at the time. Unit 1 attempted to avoid the collision and maneuvered to the right and struck the right side of Unit 2 causing damage to both vehicles.

No injuries were reported and both vehicles were able to be driven from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

06-12-15 06:51 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

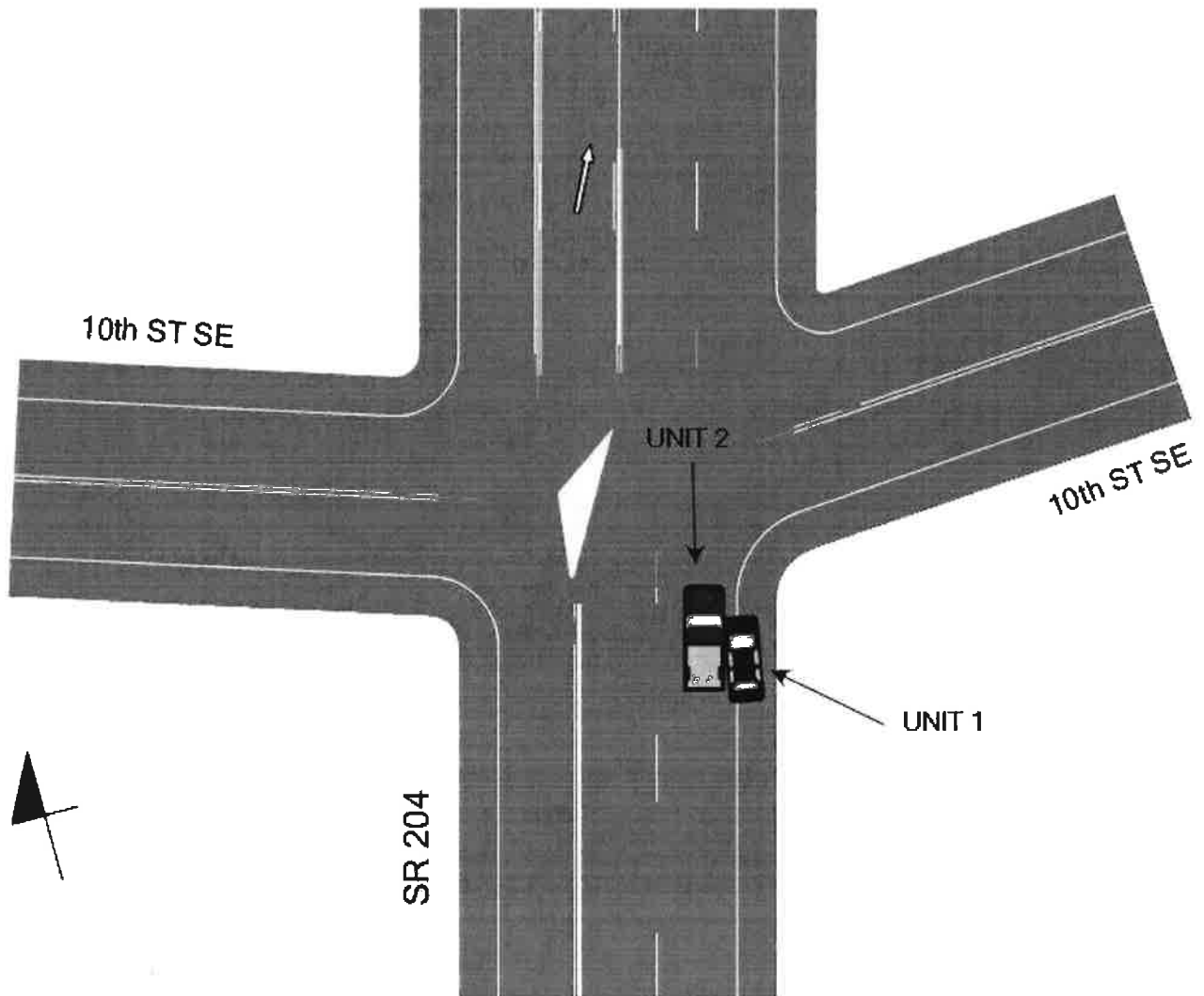
APPROVED BY

DATE

ROBERT MINER 095

6/12/2015 10:03:54 AM

| | | | | | | | |
|---------------|------------|-------|------------------|------------------------|----------------|---------------------|----------------|
| BADGE OR ID # | 120 | ORI # | WA0311900 | TIME POLICE DISPATCHED | 7:56 AM | TIME POLICE ARRIVED | 8:02 AM |
|---------------|------------|-------|------------------|------------------------|----------------|---------------------|----------------|



NOT TO SCALE

| | | |
|----------------------------------------------|---------------------------------------------------------|--------------------------------|
| LAKE STEVENS POLICE EVIDENCE UNIT | Primary Officer/Badge Number <i>K. BEWANEED #120</i> | Case Number <i>15-01447</i> |
| Type of Crime: Felony / Misdemeanor (Circle) | Type of Case: <i>COLLISION</i> | Date/Time: <i>6/11/15 1331</i> |

Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING
 *Evi will be held until court dispo or when the Statute of Limitations has expired
 *Found and Sfgk will be held for 60 days or 60 days past owner notification

Case # 15-01447

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|--------------------------------------------------------------------------------------------|-------------------------|-------------|-----------------------|------------------|-------------|---------|-------------------|
| Item # <i>K6-1</i> Action # <i>3</i> | Item <i>PHOTO CD</i> | Brand Name | | Storage Location | Disposition | | |
| | Brand/Model/Caliber | | (Further Description) | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | | |
| Owner's Name <i>LSPD</i> | | Address | City | State | Zip | Phone # | Barcode goes here |
| Owner Signature/Other remarks /additional information/ special instructions <i>#120</i> | | | | | | | |

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|-----------------------------------------------------------------------------|---------------------|-------------|-----------------------|------------------|-------------|---------|-------------------|
| Item # | Item | Brand Name | | Storage Location | Disposition | | |
| | Brand/Model/Caliber | | (Further Description) | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | | |
| Owner's Name | | Address | City | State | Zip | Phone # | Barcode goes here |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | |

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|-----------------------------------------------------------------------------|---------------------|-------------|-----------------------|------------------|-------------|---------|-------------------|
| Item # | Item | Brand Name | | Storage Location | Disposition | | |
| | Brand/Model/Caliber | | (Further Description) | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | | |
| Owner's Name | | Address | City | State | Zip | Phone # | Barcode goes here |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | |

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|-----------------------------------------------------------------------------|---------------------|-------------|-----------------------|------------------|-------------|---------|-------------------|
| Item # | Item | Brand Name | | Storage Location | Disposition | | |
| | Brand/Model/Caliber | | (Further Description) | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | | |
| Owner's Name | | Address | City | State | Zip | Phone # | Barcode goes here |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | |

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|-----------------------------------------------------------------------------|---------------------|-------------|-----------------------|------------------|-------------|---------|-------------------|
| Item # | Item | Brand Name | | Storage Location | Disposition | | |
| | Brand/Model/Caliber | | (Further Description) | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | | |
| Owner's Name | | Address | City | State | Zip | Phone # | Barcode goes here |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | |

Evidence Control Use Only:

| | | | | |
|-------------------------|------------------------------------------------|-------|--------------------|----------------------|
| Received by Evidence: | NCIC/WACIC <input checked="" type="checkbox"/> | Date: | CAD/RMS Checked | ROUTING: _____ |
| Name: _____ # _____ | NCIC/WACIC + | Date: | Owner Letter Sent: | White: Property Room |
| Date: _____ Time: _____ | NCIC/WACIC - | Date: | Owner Letter Sent: | Yellow: Case File |

Incident History for: #SS15011437

Case Numbers: \$SS15001449

Received 06/11/15 07:54:30 BY SPCT03 SP0298
Entered 06/11/15 07:56:10 BY SPCT03 SP0298
Dispatched 06/11/15 07:56:19 BY SPDP17 SP0168
Enroute 06/11/15 07:56:19
Onscene 06/11/15 08:02:41
Closed 06/11/15 08:16:39

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1417 Map Page: 397B-3 Group: SS1 Beat: SOUT

Src: 9

Loc: 10 ST SE/SR 204 , LKS (V)

Latitude: (+) 47.983603 Longitude: (-) 122.158034

Loc Info: INTERSECTION

Name: BRUSCAS, VINCE

Addr:

Phone: 4252680673

/0756 (SP0298) ENTRY , CC, DODGE RAM 1500 PU VS VW CABRIOLET, NON INJ,
NON BLKG, PULLED TO SIDE OF 10 ST
/0756 (SP0168) DISPER 19D1 #SS120 BERNHARD, OFFICER (KERRY)
/0802 (SS120) *ONSCNE 19D1
/0807 (*****) REMINQ 19D1 PK05586
/0807 (SP0168) REMINQ 19D1 LIC, 19D1, PK05586, , ,
/0808 (*****) REMINQ 19D1 AUT9769
/0808 (SP0168) REMINQ 19D1 LIC, 19D1, AUT9769, , ,
/0808 (SS120) *ASNCAS 19D1 \$SS15001449
/0816 (SP0168) CLEAR 19D1 D/H
/0816 CLOSE 19D1